

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

RID037491016

CHEVRON USA PROD CO PO BOX 1706 ATLANTA , GA 30301 KIRBY BURGESS

INSTALLATION ADDRESS

VETERANS MEMORIAL PKWY EAST PROVIDENCE PI 02914

EPA Form 8700-12B (6-90)

Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010

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State of

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

Rhode Island of the Resource Conservation and Recovery Act). Decartment of En I. Installation's EPA ID Number (Mark 'X' in the approprie RID987491016 3. Subsequent Notifica A. First Motification (complete item C) II. Name of Installation (Include company and specific situ c 6#50 0 PRODUCT CHEV 0 III. Location of installation (Physical address not P.C. Box or Route Number) ALCOHOLD TO THE STATE OF THE ST Street PKWY MEMORIAL Street (continued) State ZIP Code City or Town VIDENCE AS-County Codel County Name CE IDEN IV. Installation Mailing Address (See Instructions) Street or P.O. Box 706 B 0 D State ZIP Code City or Town 3 0 3 0 A ATIL AIN V. Installation Contact (Person to be contacted regarding waste activities at site) (first) Name (last) Phone Number (area code and number) Job Titte 8 VI. Installation Contact Address (See instructions) A. Contact Address | B. Street or P.O. Box Mailing Location State ZIP Code City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner 0 5 A 0 Street, P.O. Box, or Route Number 6/6 В 0 State ZIP Code City or Town 030 (Date Changed) Month Day Year D. Change of Owner B. Land Type C. Owner Type Indicator Phone Number (area code and number) No > Yes 3 00

	ID - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to	instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. Easi then 1000kg/mo (2,200 lbs.) 4. Hazardous Waste Fuel a. Generator Marketing to Burner 2. Transporter (Indicate Mode in boxes 1-5 below) b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 5. Underground Injection Control 4. Water 5. Other - specify	1. Off-Specification Used Oil Fuel a. Generator Marketing to Burner b. Other Markerer c. Burner - Indicate device(s) - Type of Compustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
IX. Description of Regulated Wastes (Use additional sheets if necessary)	
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the wastes your installation handles. (See 40 CFR Parts 251.20 - 261.24) 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (D000) (List specific EPA hazard Character (D000) (List specific EPA hazard (List specific EPA hazard (D000) (List specific EPA hazard (D000) (List specific EPA hazard (D000) (D000) (List specific EPA hazard (D000) (D000) (List specific EPA hazard (D000) (List specific EPA hazard (D000) (D000) (List specific EPA hazard (D000) (List specific EPA haza	ous waste number(s) for the Toxicity istic contaminant(s))
I certify under penalty of law that I have personally examined and am familiar wand all attached documents, and that based on my inquiry of those indivoltaining the information, I believe that the submitted information is true, a that there are significant penalties for submitting false information, inclimprisonment. Signature Name and Official Title (type or print)	iduals immediately responsible for ccurate, and complete. I am aware uding the possibility of fines and
Thuby Burges / ES&H MA	1 0/2/193
XI. Comments	
Replaces Temporary ID# RIP-100-012-166	
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RI DEM Division of Air and Hazardous Materials	